



Municipal Motorcycle Officers Of California

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P. O. Box 531
San Lorenzo, CA 94580
Office: (707) 948-6662



Name: _____ Date of Birth: _____

(Last) (First) (Middle)

Residence Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

Employed By: _____ Occupation: _____

Spouse's Name: _____

ACTIVE MEMBER: defined as a person presently or previously employed by a STATE, COUNTY OR MUNICIPAL law enforcement agency within the state of California as a two-wheeled Motorcycle Officer.

ASSOCIATE MEMBER: may be a Police Officer, Deputy Sheriff, Reserve Officer, Judge, District or City Attorney or those who are similarly employed as defined in the Municipal Motorcycle Officers of California by-laws.

HONORARY MEMBER: may be a person accepted by the Board of Directors who desires and qualifies to be associated with the Municipal Motorcycle Officers of California.

TWO WHEEL MOTORCYCLE CLASSIFICATION: (Check appropriate box)

I am or was previously an **ACTIVE** motorcycle officer within the State of California: Yes _____ No _____

Starting Date: _____ Previous Riding Dates: From _____ To _____

I qualify as an **ASSOCIATE MEMBER** who has never ridden a two-wheel motorcycle for a State, County or Municipal law enforcement agency: _____

I desire to be an **HONORARY MEMBER** of the Municipal Motorcycle Officers of California: _____

I certify the foregoing facts are true and hereby submit my application for MMOC membership along with my dues which are payable from July 1st through June 30th at the rate of \$36.00 per annum or \$150.00 for a period of five (5) years.

Date: _____ Signature: _____

For Reinstatement: Active Membership _____ Associate Membership _____ Honorary Membership _____

Recommended by _____ (Signature of Active Member Only)

Print Name: _____

OFFICE ONLY

Date Received _____ Amount Received _____ Check# _____ Cash _____

Board Approval Date: _____ Membership# _____ Effective Date: _____